PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

09/940876

								` :	1 1		
CLAIMS AS FILED - PART I (Column 1) (C						umn 2)	SMALL E	OR		R THAN . ENITITY	
TOTAL CLAIMS			·			RATE	FEE	7	RATE	FEE	
FOR			NUMBER	NUMBER FILED		BER EXTRA	BASIC FE		OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS				minus 20=			X\$ 9=	1	OR	1	
INDEPENDENT CLAIMS			n	ninus 3 =	*		X42=	 	1	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
MULTIPLE DEPENDENT CLAIM PR			.'. PRESENT	RESENT			A42=	-	- OF:) A849	
<u>ــــ</u>	(Al 1) ((· · · · · · · ·	" O":		+140=		OR	+280=	
- [ess than zero, enter "0" in column 2			TOTAL		OR	TOTAL	
	C		AMENDE	MENDED - PART II (Column 2) (Column 3)			SMALL	OB	OR SMALL ENTITY		
		(Column 1) CLAIMS		HIGHE		(Column 3)	0	ADDI-	7		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
AMENDMENT		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 25	Minus	20		= 5	X\$ 9=		OR	X\$18=	90
	Independent	. 2	Minus	··· 3		=	X42=		OR	X84=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+140:.		1	÷280	
							TOTAL		OR OR	101AL	90
		(Column 1)		(Colum	irs O)	(Column 3)	ADDIT FEE	L	J · ./! `	400 H FEET	10
5 I		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ST ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X42=		OR	X84=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		1140	·····	1	. 200	
						+140= TOTAL		OR	+280= TOTAL		
							ADDIT. FEE		OR,	ADD'T FEE	
		(Column 1)	Table 10 (10 (10 (10 (10 (10 (10 (10 (10 (10	(Colum		(Column 3)					
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB! PREVIOL PAID FI	ER JSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	\$19		;;	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X42=		ŀ	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT (DLAIM				OF		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 TOTAL									OR	+280=	
** 11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								OR A	TCTAL DDIT. FEE	
		ber Previously Paid ber Previously Paid					ound in the appr	opriate box	iu co _l ur	ምር 1	